

**STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH**

IN RE: **CAL TRANS-TIPTON NORTHBOUND REST STOP**
Water System No. 5401045

TO: Mr. Eric Woods, Maintenance Superintendent
Cal Trans - Tipton Northbound Rest Stop
15337 Avenue 296
Visalia, CA 93292

CC: Tulare County Division of Environmental Health

**CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION**

APRIL 2013

Issued on May 14, 2013

Section 116650, Chapter 4, Part 12, Division 104 of the California Health and Safety Code (CHSC), authorizes the issuance of a citation for failure to comply with a requirement of the California Safe Drinking Water Act, or any regulation, standard, permit, or order issued hereunder.

VIOLATION

The Drinking Water Field Operations Branch of the Department of Public Health (hereinafter 'Department') hereby issues a Citation to Cal Trans – Tipton Northbound Rest Stop water system (hereinafter 'Water System'), for failure to comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code of

1 Regulations (CCR). Specifically, the Water System (mailing address: 15337 Avenue 296,
2 Visalia, CA 93292) failed to comply with the total coliform Maximum Contaminant Level
3 (MCL) for the month of April 2013.

4
5 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples
6 per month is in violation of the total coliform MCL when more than one sample collected
7 during any month is total coliform-positive. The Water System is required to collect a
8 minimum of one (1) distribution system bacteriological sample per month. The
9 bacteriological water analysis results submitted by the Water System reported the presence
10 of total coliform bacteria in two (2) of nine (9) samples collected by the Water System in
11 April 2013. None of the positive samples showed the presence of fecal coliform or *E. coli*
12 bacteria.

13
14 Upon being informed of the presence of total coliform bacteria in one (1) routine sample
15 collected on April 12, 2013, Water System staff collected a set of four (4) repeat samples on
16 April 15, 2013. One (1) of the repeat samples showed the presence of total coliform
17 bacteria. Another set of four (4) repeat samples was collected on April 17, 2013, and all
18 samples were negative for total coliform bacteria. Due to the above-mentioned total
19 coliform positive samples, the Water System failed the total coliform MCL for the month of
20 April 2013. All water samples for coliform bacteria collected during April 2013 are
21 summarized in Attachment A.

22
23 The cause of the contamination is unknown since no specific source of contamination has
24 been identified. The Water System does not provide for continuous chlorination of the
25 distribution system. Triggered source monitoring was conducted on April 15 and April 17
26 from the only active well. Analytical results from April 15 sampling were negative for both
27 total coliform and *E. coli* bacteria, but the April 17 source sample tested positive for total

1 coliform bacteria. The Water System was instructed to initiate temporary disinfection and
2 flushing of the distribution system and to conduct a well cycle test on the well. The well
3 cycle test was conducted on April 24, 2013, and all samples results were <1.0 MPN/100mL
4 for total coliform and *E. coli* bacteria.

5
6 The above violation is classified as a non-continuing violation.

7 8 **HISTORY**

9 Since 2010, the Water System has had five (5) distribution system samples test positive for
10 total coliform bacteria, three (3) of which have occurred within the last six months. In order
11 to ensure security and reliability, the Department is requiring the Water System to begin
12 continuous chlorination of the distribution system by July 1, 2013. Chlorination equipment
13 shall be installed on the discharge of the well. A chlorine residual of at least 1.0 mg/L shall
14 be maintained in all areas of the distribution system at all times.

15 16 **NOTIFICATION REQUIREMENTS**

17 Section 64426.1(c) requires a public water system to notify the Department and the
18 consumers of the water system, when a violation of the total coliform MCL occurs.
19 Notification to the Department shall be by the end of the business day on which the
20 violation has been determined. If the Department is closed, notification shall be within 24
21 hours of the determination. The Department was notified on April 17, in accordance with
22 the above-referenced section.

23
24 A Tier 2 Public Notice for violation of paragraph 64426.1(b)(2) shall be given pursuant to
25 Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health
26 effects language from Appendix 64465-A for a total coliform MCL failure.

27

1 The Water System shall post the public notice in conspicuous locations within the water
2 system (Attachment B). Section 116450(g) requires that upon receipt of notification from a
3 public water system, schools must notify school employees, students, and parents (if the
4 students are minors), residential rental property owners or managers (including nursing
5 homes and care facilities) must notify their tenants and business property owners, managers
6 or operators must notify employees of businesses located on the property. These secondary
7 notification requirements are included in the public notice. The Department hereby waives
8 public notification by newspaper, electronic mailing or posting, or by direct delivery to each
9 customer.

10
11 Proof of notification is required. The Water System shall complete Attachment C and
12 return it to the Department by May 30, 2013.

13
14 **DIRECTIVES**

15 The Water System is hereby directed to take the following actions:

- 16
17 1. By May 24, 2013, the Water System shall provide public notification of the total
18 coliform Maximum Contaminant Level failure by posting the notice in conspicuous
19 locations throughout the area served by the water system.

20
21 By May 30, 2013, the Water System shall provide proof of notification of the total
22 coliform MCL violation notification to each consumer using Attachment C, to:

23
24 Tricia A. Wathen, Senior Sanitary Engineer
25 Department of Public Health
26 Drinking Water Field Operations Branch
27 265 W. Bullard Avenue, Suite 101
Fresno, CA 93704

- 1 2. Whenever the Water System has one or more total coliform-positive samples in a
2 given month, at least five (5) routine samples shall be collected the following month
3 as required by Section 64424(d) and as discussed in this Citation.
4
- 5 3. By May 30, 2013, the Water System shall complete and submit the enclosed
6 "Positive Total Coliform Investigation" form to the Department that describes the
7 incident and all corrective actions taken, and the results of the investigation. The
8 appropriate investigation report is provided as Attachment D.
9
- 10 4. By July 1, 2013, continuous chlorination equipment shall be installed on the
11 discharge of the well. A chlorine residual of at least 1.0 mg/l shall be maintained in
12 all areas of the distribution system at all times. Information regarding the permanent
13 chlorination equipment and installation procedures shall be submitted to the
14 Department for review and approval prior to installation. The installation shall be
15 conducted by a person qualified and experienced with chlorination equipment.
16
- 17 5. The Water System shall have on staff or under contract a minimum of a D1
18 Certified Distribution Operator to operate the chlorination equipment. The operator
19 shall visit the well site and review the chlorination treatment on at least a weekly
20 basis and document the date and time of the visit, the settings on the chemical feed
21 equipment, the chlorine stock on hand and the chlorine residual at the well site and
22 in the farthest part of the distribution system.
23
- 24 6. The chlorine residual must be measured and reported at the same time and
25 location(s) that the bacteriological sample(s) are collected. The residual(s) should
26 be provided to the Department along with the bacteriological laboratory analysis.
27

- 1 7. By **July 1, 2013**, the Water System shall make application (Attachment E) to the
2 Department for a permit amendment to allow the continuous chlorination of the
3 water supply. A permit fee of \$258 shall be included at the time the application is
4 submitted to the Department.
5
- 6 8. The Water System shall initiate monthly sampling of the raw well water for
7 coliform bacteria. The sample must be collected at a location ahead of chlorination
8 and shall be analyzed for total and fecal coliform or *E.coli* bacteria using a density
9 analytical method with the analytical results reported in MPN/100 ml. The results
10 of all samples shall be submitted to the Department by the 10th day of the following
11 month.
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CIVIL PENALTIES

Sections 116650(d) and 116650(e) of the CHSC allow for the assessment of a civil penalty for failure to comply with requirements of the California Safe Drinking Water Act. Failure to comply with any provision of this Citation may result in the Department imposing an administrative penalty of not less than \$100 (one hundred dollars) per day as of the date of violation of any provision of this Citation.

Date

May 14, 2013

Tricia A. Wathen, P.E.

Senior Sanitary Engineer, Visalia District
DRINKING WATER FIELD OPERATIONS BRANCH

TAW/SF

Attachments:

- Attachment A: Summary of Bacteriological Samples collected since 2010
- Attachment B: Public Notice
- Attachment C: Proof of Notification form
- Attachment D: Positive Total Coliform Investigation form
- Attachment E: Amended Water Supply Permit Application

03-12-13C-009-5401045-22-TCRMCL April 2013 Cit ID5.2.13



Bacteriological Distribution Monitoring Report

5401045 Cal Trans - Tipton Northbound Rest
Distribution System Freq: 1/M

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
1/1/2010	No Sample							MR1		3/16/10 Email from Moor Twining Labs, they failed collect sample for client. 3/26/10 EL issued 03-12 013 for Jan&Feb-10.
2/1/2010	No Sample							MR1		3/16/10 Email from Moor Twining Labs, they failed collect sample for client. 3/26/10 EL issued 03-12 013 for Jan&Feb-10.
3/1/2010	No sample							MR1		5/17/10 Issued EL for M&R 03-12-10E-017.
4/29/2010	Faucet	A	A			Routine	0.10			
5/4/2010	Crew Room	P	A			Routine	0.2		Yes	GWR: Well sample collected 5/6/10 (TC-).
5/6/2010	Faucet	A	A			Repeat	0.1			
5/6/2010	Crew Room	A	A			Repeat				
5/6/2010	Storage	A	A			Repeat				
6/25/2010	Crew Room	A	A			Routine		MR4		9/28/10 EL issued 03-12 019.
7/15/2010	Faucet #3	P	A			Routine		MR5	No	Well was not sampled. 9/28/10 EL issued 03-12 019. 9/28/10 GWR M&R also issued.
8/10/2010	OHB	A	A			Routine		MR4		9/28/10 EL issued 03-12 019.
9/3/2010	Breakroom	A	A			Routine				
10/1/2010	Breakroom	A	A			Routine				
11/1/2010	Breakroom	A	A			Routine				
12/3/2010	Breakroom	A	A			Routine				
1/7/2011	Breakroom	A	A			Routine				
2/23/2011	Breakroom	A	A			Routine				
3/21/2011	Breakroom	A	A			Routine				
4/18/2011	Breakroom	A	A			Routine				
5/9/2011	5/9/11 Under construction									To re-open August 2012
6/1/2011	Closed for construction									
7/1/2011	Closed for construction									
8/1/2011	Closed for construction									
9/1/2011	Closed for construction									
10/1/2011	Closed for construction									
11/1/2011	Closed for construction									
12/1/2011	Closed for construction									
1/1/2012	Closed for construction									
2/1/2012	Closed for construction									
3/1/2012	Closed for construction									
4/1/2012	Closed for construction.									
5/1/2012	Closed for construction									

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
6/1/2012	Closed for construction										
7/1/2012	Closed for construction										
8/1/2012	Closed for construction										
10/26/2012	Well sample - system back online	A	A			Routine					Will allow well sample as Chlorine is not used.
11/9/2012	Well sample - system	A	A			Routine					Email to system to samp the distribution system.
12/14/2012	Well sample - system	P	A			Routine					
12/24/2012	Well sample - system	A	A			Routine					
1/16/2013	Hose Bib 4	<1.0	<1.0			Routine					
1/16/2013	Hose Bib 3	<1.0	<1.0			Routine					
1/16/2013	Supervisor's Office	<1.0	<1.0			Routine					
1/16/2013	CHP Office	<1.0	<1.0			Routine					
1/25/2013	Crew Supervisor's Room	A	A			Routine					
2/15/2013	Well sample - system	A	A			Routine					
3/8/2013	Well sample - system	A	A			Routine					
4/12/2013	Storage Tank	P	A			Routine				Yes	Distribution sample was taken from storage tank outlet. Sampler was una that this was not a design routine site.
4/15/2013	Sink Faucet	P	A			Repeat					
4/15/2013	Sink Faucet	A	A			Repeat					
4/15/2013	Hose Bib	A	A			Repeat					
4/15/2013	Hose Bib	A	A			Repeat					
4/17/2013	Sink Faucet #1	A	A			Repeat					
4/17/2013	Sink Faucet #2	A	A			Repeat					
4/17/2013	Hose Bib #3	A	A			Repeat					
4/17/2013	Hose Bib #4	A	A			Repeat					

Violation Key

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	Cl2 not reported

Source Bacteriological Monitoring Report

5401045 Cal Trans - Tipton Northbound Rest Stop

Sample Date	Time	Source	Sample Type	Test Method	T Coli	E Coli	F Coli	HPC	Violation	Comments
5/6/2010	11:25	Well	Well	P/A	A	A				
9/27/2012	9:25	Well	Well	P/A	A	A				
9/28/2012	8:50	Well	Well	P/A	A	A				
10/26/2012	8:53	Well	Well	P/A	A	A				
1/16/2013	8:48	Well	Well	MPN	<1.0	<1.0				
4/15/2013	12:00	Well	GWR Well	P/A	A	A				
4/17/2013	10:02	Well	GWR Well	P/A	P	A				
4/24/2013	13:18	Start Up	Well Cycle	MPN	<1.0	<1.0				
4/24/2013	13:19	1 min	Well Cycle	MPN	<1.0	<1.0				
4/24/2013	13:23	5 min	Well Cycle	MPN	<1.0	<1.0				
4/24/2013	13:33	15 min	Well Cycle	MPN	<1.0	<1.0				
4/24/2013	13:48	30 min	Well Cycle	MPN	<1.0	<1.0				

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

Cal Trans Tipton Northbound Rest Stop Has/Had Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently failed a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what you should do, what happened and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took nine (9) samples to test for the presence of coliform bacteria in April 2013. Two (2) of these samples showed the presence of total coliform bacteria. The standard is that no more than 1 sample per month may show the presence of coliform bacteria.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

[Describe corrective action.] _____ We
anticipate resolving the problem within _____ [estimated time frame].

For more information, please contact _____ [insert name of contact] at
_____ [insert phone number] or at the following mailing address:
_____ [insert business/mailling address].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly.

This notice is being posted by Cal Trans Tipton Northbound Rest Stop water system.

Date posted: _____.

PROOF OF NOTIFICATION

(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Cal Trans Tipton Northbound Rest Stop (501045)** of the failure to meet the **total coliform bacteria MCL** for the month of **April 2013** as directed by the Department. At least one primary distribution method is required: mail, hand-delivery or posting in conspicuous locations. A second method is also required in order to reach persons not likely to be reached by a mailing, direct delivery or posting:

Notification was made on _____
(date)

To summarize report delivery used and good-faith efforts taken, please check all items below that apply and fill-in where appropriate:

- ☐ The notice was distributed by mail delivery to each customer served by the water system.
- ☐ The notice was distributed by direct delivery to each customer served by the water system. Specify direct delivery method(s) used: _____
- ☐ Publication of the notice in a local newspaper or newsletter of general circulation (attach a copy of the published notice, including name of newspaper and date published).
- ☐ Posted the notice at the following conspicuous locations served by the water system (if needed, please attach a list of locations). _____
- ☐ Email message to employees or students. _____
- ☐ Other method used to notify customers. _____

DISCLOSURE: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Certified by Name and Title: _____

Date: _____ Signature: _____

Due to the Dept. of Health Services within 10 days of notification to the public
Total Coliform MCL Failure / Enforcement Action No.: In progress

POSITIVE TOTAL COLIFORM INVESTIGATION
Simple Well with Pressure Tank Systems

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

ADMINISTRATIVE INFORMATION

PWS Name:		PWSID NUMBER:	
Name		Address	
Operator in Responsible Charge (ORC)		Telephone #	
Person that collected TC samples if different than ORC			
Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often do you take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					

DISTRIBUTION SYSTEM

SYSTEM RESPONSES

1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	

POSITIVE TOTAL COLIFORM INVESTIGATION

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DISTRIBUTION SYSTEM	SYSTEM RESPONSES			
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.				
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?				
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?				
6. If there was a mainline leak, when was it repaired?				
7. On what date was the distribution system last flushed?				
8. Is there a written flushing procedure you can provide for our review?				
9. Do you have an active cross connection control program?				
10. What is name and phone number of your Cross-Connection Control Program Coordinator?				
11. Is the review and testing of backflow prevention devices current?				
12. On what date was the last physical survey of the system done to identify cross-connections?				

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure ?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, sunny),				

POSITIVE TOTAL COLIFORM INVESTIGATION

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GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER SYSTEM?

CERTIFICATION: I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME: _____ TITLE: _____ DATE: _____

STATE OF CALIFORNIA
APPLICATION
FOR
DOMESTIC WATER SUPPLY PERMIT AMENDMENT
FROM

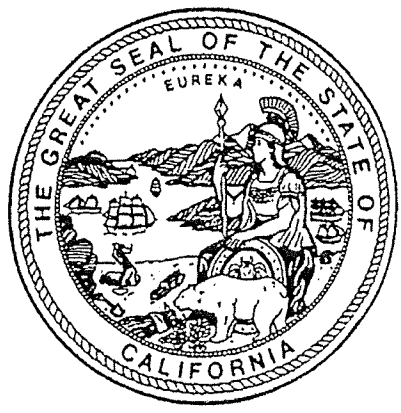
Applicant: _____
(Enter the name of legal owner, person(s) or organization)

Address: _____

System Name: _____

System Number: _____

TO: Department of Public Health
Southern California Branch
Drinking Water Field Operations
Visalia District Office
265 W. Bullard Avenue, Suite 101
Fresno, California, 93704



Pursuant and subject to the requirements of the California Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), Article 7, Section 116550, relating to changes requiring an amended permit, application is hereby made to amend an existing water supply permit to _____

(Applicant must state specifically what is being applied for - whether to construct

new works, make alterations or additions in works or sources, or change or modify treatment.)

I (We) declare under penalty of perjury that the statements on this application and on the accompanying attachments are correct to my (our) knowledge and that I (we) are acting under authority and direction of the responsible legal entity under whose name this application is made.

By: _____

Signature: _____

Title: _____

Address: _____

Telephone: _____

Dated: _____